



OFFICE OF THE SHERIFF

COUNTY OF LOS ANGELES

HALE OF JUSTICE



City Of Carson
701 E. Carson St
Carson, CA 90745
Re: Employer Check

Dear Employer:

Your name has been listed as a former employer by the below listed applicant. Any information you can supply to assist in evaluating their fitness for employment by the Los Angeles County Sheriff's Department is appreciated. Attached for your records is a release form signed by them. A timely reply is appreciated. A self-addressed, stamped envelope, is enclosed for your convenience, or you can fax the completed form to (323) 415-~~2924~~ .

9685

Sincerely,
ALEX VILLANUEVA, SHERIFF

Dana A. Chemnitzer

Applicant: [REDACTED]
Position: Summer Youth Worker/Rec Ass I
Social: [REDACTED]
Former Name:

Dana A. Chemnitzer, Captain
Personnel Administration Bureau

- The applicant says they worked with you from 06/20/01 to 06/22/11 .
Are these dates correct? ☐ YES ☐ NO
If incorrect, what are the correct dates? _____
- What was their title or classification while employed by your company?
☐ Part Time ☐ Full Time Hours per week? _____
Description of job duties: _____
- Their attendance record while employed: ☐ Acceptable ☐ Unacceptable
If "unacceptable", please explain: _____
- To your knowledge, have they been involved in any illegal conduct or narcotics use?
☐ YES ☐ NO
Comments: _____

211 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012

A Tradition of Service
— Since 1850 —

5. Did they comply with company policies, rules, and procedures?

☐ YES

☐ NO

Comments: _____

6. To your knowledge, have they ever been discharged from any employment or resigned in lieu of termination?

☐ YES

☐ NO

Comments: _____

7. Names and addresses of their previous employers:

8. Residence addresses shown in your files:

9. They were:

☐ Discharged

☐ Laid Off

☐ Resigned

Upon resignation, was appropriate notice given?

☐ YES

☐ NO

10. Reason for leaving: _____

11. Are they eligible for rehire?

☐ YES

☐ NO

If "no", please explain: _____

12. How would you evaluate their overall job performance?

☐ Outstanding

☐ Very Good

☐ Competent

☐ Improvement Needed

☐ Unsatisfactory

a. Dependability

☐ Excellent

☐ Average

☐ Poor

b. Quality of work

☐ Excellent

☐ Average

☐ Poor

c. Initiative

☐ Excellent

☐ Average

☐ Poor

d. Ability to get along with employees

☐ Excellent

☐ Average

☐ Poor

e. Ability to get along with supervisors

☐ Excellent

☐ Average

☐ Poor

f. Ability to Get Along with the Public

☐ Excellent

☐ Average

☐ Poor

g. Judgment Under Pressure

☐ Excellent

☐ Average

☐ Poor

h. Personal Appearance

☐ Excellent

☐ Average

☐ Poor

i. Ability to Follow Directions

☐ Excellent

☐ Average

☐ Poor

j. Honesty

☐ Excellent

☐ Average

☐ Poor

k. Arrests or Convictions

☐ YES

☐ NO

Any explanation on the above: _____

13. Please check any problems affecting their work:

☐ Disloyalty

☐ Poor Attitude

☐ Absence or Tardiness

☐ Inability to get along

☐ Drinking

☐ Domestic Troubles

☐ Disciplinary Problems

☐ Racial or Sexual Discrimination

☐ Argumentative

☐ Sexual Harassment

☐ Financial Problems

☐ Unable to follow instructions

Comments: _____

Print Name: _____

Title: _____

Signature: _____

Phone: _____

Date: _____



County of Los Angeles
Sheriff's Department Headquarters
Pre-Employment Unit
211 West Temple Street
Los Angeles, California 90012
(213)229-3100



APPLICANT INFORMATION WAIVER

I have applied for employment with the Los Angeles County Sheriff's Department. It is my desire that they be informed as to my previous record and character in determining my qualifications and suitability for a position with the Sheriff's Department. This inquiry is required pursuant to California Government Code Section 1029 and 1031, and authorized pursuant to California Labor Code Section 432.7 (e). For this specific purpose, I authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature to a duly authorized agent of the Los Angeles County Sheriff's Department.

The following are examples of the types of information being requested:

Criminal Justice Arrest Records	Detentions, Field Citations	Field Interviews
Officer's Notebook notations	Jail and Custody Information	Booking Information
Traffic Citations	Traffic Accident Reports/Records	District Attorney Records
Court Records/Reports	Probation/Parole Reports/Records	Laboratory Reports/Results
Other Criminal Justice Records	Other Reports or Records	Employment Records
Performance Evaluations	Disciplinary Reports	Credit History
Polygraph Results	Medical Information	Psychological Evaluations
School Transcripts	Background Investigation Files	Job Application Files

I authorize the Los Angeles County Sheriff's Department to read, review, or photocopy any documents to allow them to assess my suitability as an employee of the Sheriff's Department.

I also understand that if my background investigation for this position should uncover information that I have, or I am suspected of having or have been engaged in illegal activities that this information will likely bar me from further consideration for this position and it will be handed over to the appropriate law enforcement agency that has jurisdiction over investigating the illegal activity.

I further authorize the Pre-Employment Unit to discuss all the aspects of my background investigation and information related thereto with Los Angeles County Sheriff's Department members, as listed.

Member

Member

This waiver is valid for a period of twenty four (24) months from the date of my signature. A photocopy of this notarized waiver is to be considered as valid as an original waiver even though it does not contain an original signature.

"I hereby release you, your organization, and others from liability or damage which may result from furnishing the information requested, including any liability pursuant to California Labor Code 1054, or any similar laws of other states or political entities...

Signature (Must be Notarized)

Social Security Number

10/26/21
Date

CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

State of California

County of Los Angeles

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness accuracy, or validity of that document.

On OCTOBER 22, 2021 before me, A. M. VALLES, NOTARY PUBLIC

personally appeared _____

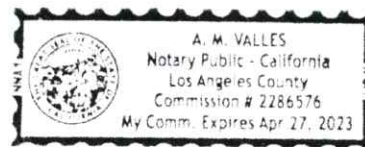
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.


Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

INSTRUCTIONS FOR COMPLETING THIS FORM

Any acknowledgment completed in California must contain verbiage exactly as appears above in the notary section or a separate acknowledgment form must be properly completed and attached to that document. The only exception is if a document is to be recorded outside of California. In such instances, any alternative acknowledgment verbiage as may be printed on such a document so long as the verbiage does not require the notary to do something that is illegal for a notary in California (i.e. certifying the authorized capacity of the signer). Please check the document carefully for proper notarial wording and attach this form if required.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
 - Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
 - Indicate title or type of attached document, number of pages and date.
 - Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

Securely attach this document to the signed document.

DESCRIPTION OF THE ATTACHED DOCUMENT

(Title or description of attached document) (Title or

description of attached document continued).

Number of Pages _____ Document Date _____

(Additional information)

CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual(s)
- ☐ Corporate Officer

(Title)

- ☐ Partner(s)
- ☐ Attorney-in-Fact
- ☐ Trustee(s)
- ☐ Other _____